Complete Summary

GUIDELINE TITLE

Family issues for patients with HIV/AIDS. Mental health care for people with HIV infection.

BIBLIOGRAPHIC SOURCE(S)

Family issues for patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2001 Mar. p. 25-34.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human immunodeficiency virus (HIV) infection
- Mental health
- Family issues, such as problems with functioning, communication, future planning, substance use, abuse or neglect of children, trauma, domestic violence

GUIDELINE CATEGORY

Evaluation
Management

CLINICAL SPECIALTY

Allergy and Immunology
Family Practice
Infectious Diseases
Internal Medicine
Pediatrics
Psychology

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To present guidelines for recognizing and managing family issues for patients with HIV/AIDS

TARGET POPULATION

Human immunodeficiency virus (HIV)-affected families

INTERVENTIONS AND PRACTICES CONSIDERED

1. Assessment of family configuration, functioning, and existing social support
2. Encouraging patients with human immunodeficiency virus (HIV) to communicate with family members about their HIV status
3. Arranging for future care of children
4. Recognizing and managing psychiatric problems, abuse, and neglect in HIV-affected families affected by substance use
5. Recognizing and managing the victims of domestic violence in HIV-affected families, with safety of the victims as a primary goal of interventions
6. Referral as necessary

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The Human Immunodeficiency Virus (HIV) Guidelines Program works directly with committees composed of HIV Specialists to develop clinical practice guidelines. These specialists represent different disciplines associated with HIV care, including infectious diseases, family medicine, obstetrics and gynecology, among others. Generally, committees meet in person 3 to 4 times per year, and otherwise conduct business through monthly conference calls.

Committees meet to determine priorities of content, review literature, and weigh evidence for a given topic. These discussions are followed by careful deliberation to craft recommendations that can guide HIV primary care practitioners in the delivery of HIV care. Decision making occurs by consensus. When sufficient evidence is unavailable to support a specific recommendation that addresses an important component of HIV care, the group relies on their collective best practice experience to develop the final statement. The text is then drafted by one member, reviewed and modified by the committee, edited by medical writers, and then submitted for peer review.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

General Recommendations

Practitioners should assess family configuration, functioning, and existing social support as part of the routine evaluation of patients who are primary caretakers of children. These assessments should ideally be done during times of stability.

Practitioners should be aware of the impact of single parent homes, same sex parent homes, and teenage parent homes where there is little to no adult presence.

Practitioners should refer children who present with behavioral changes in response to illness of a family member for mental health evaluation.

Communicating Human Immunodeficiency Virus (HIV) Status

Practitioners should encourage patients with HIV infection to communicate with their children, family members, and significant others about the disease. If patients are reluctant to engage in these discussions, however, practitioners should respect their wishes (refer to section titled "Domestic Violence and HIV Infection").

Practitioners should consider referring patients with HIV infection for mental health or social services if they present with advanced HIV/acquired immune deficiency syndrome (AIDS) without having informed their children and other relations about their disease.

Arranging for Future Care of Children

Primary care practitioners should refer parents to social service providers for assistance with formal and informal options, each having unique advantages and disadvantages, for the placement of children.

Primary care practitioners should also be aware of the permanency planning resources available to their patients (see Appendix VI in the "Companion Documents" field).

Substance Use

Practitioners should look for psychiatric problems, abuse, neglect, and trauma in families in which HIV-infected parents or other household members use substances.

For patients who are substance users, treatment planning should include the input of substance abuse counselors.

Recognizing and Managing Abuse and Neglect in HIV-Affected Families

Practitioners should be aware of and should attempt to explore in a calm and respectful manner the possibility of abuse and/or neglect in HIV-infected families.

Whether or not the parent will become involved in attempts to ameliorate child maltreatment, primary care practitioners must report all cases of suspected abuse or neglect for further investigation to the New York State Central Registry at 1-800-635-1522.

If no physical evidence exists to support the suspicion of child abuse yet abuse is still suspected, primary care practitioners should enlist the aid of child protection teams, child and adolescent mental health clinicians, or social work staff with child protection expertise to help assess the case. Clinicians can call child protective services (Administration for Children's Services in New York City, Office of Children and Family Services in New York State) to consult whether or not they should report something when presentation is unclear.

Children who report or present with physical evidence of abuse or neglect should be referred immediately to pediatric personnel or to the pediatric emergency room in a hospital setting.

Domestic Violence and HIV Infection

Practitioners should look for evidence of both physical and psychological abuse in relationships in which one or both of the partners are HIV infected (see Table 4-1 in the original guideline document).

Practitioners should respond to the victims of domestic violence in such a way that mental and medical needs are addressed without endangering the victims' lives.

Practitioners should use simple questions when screening for risk of domestic violence (see table below).

Screening Questions to Determine Risk of Domestic Violence

- Do you ever feel unsafe at home?

- Are you in a relationship in which you have been physically hurt or felt threatened?
- Have you ever been or are you currently concerned about harming your partner or someone close to you?

Treatment planning for patients who are victims of domestic violence should include the input of domestic violence advocates but only with the patient's consent.

Referring Patients With HIV/AIDS Who Are Victims of Domestic Violence

Practitioners should be aware that living with an abusive partner is not, in itself, a symptom of an underlying mental health problem and that many of the concerns of the victim are legitimate safety issues.

Refer to the original guideline document for a detailed discussion of safety issues.

Also refer to the original guideline for issues related to referral of patients with HIV/AIDS who are the perpetrators of domestic violence.

Common Indications of Domestic Violence	
Common Presenting Problems and History in Patients Involved in Domestic Violence	• Stress and anxiety disorders including post-traumatic stress disorder (PTSD) and panic attacks • Alcohol or substance dependence or use • Insomnia • Eating disorders • Fatigue, malaise, and vague or psychosomatic complaints • Chronic pain • Severe headaches • Depression • Trauma-related injuries • Suicidal ideation or attempts • Relationship problems • Exacerbation of chronic illnesses (e.g., asthma, migraines)
Behavioral Cues of Domestic Violence Victims	• Change in appointment pattern • Flat or incongruent affectation • Fearfulness toward partner • Apologizes for or rationalizes partner's behavior (even non-abusive behavior) • Bases plans and decisions on what partner wants rather than on his/her own wishes • Performs degrading, inhumane, or inappropriate tasks • Refers to partner's temper frequently • Focuses on how he/she harmed partner • Flees from home or seeks shelter

Common Indications of Domestic Violence	
	frequently
Batterer's History and Behavior	• Suicide attempts • Intoxication, alcoholism, drug use • Aggressive or abusive toward partner, practitioner, or other staff • Overly attentive to partner • Cancels partner's appointments • Aggressively presents self as victim • Visible defensive injury pattern • Refuses/resents needed medical or mental health care for partner

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

By providing treatment and solutions for common problems found in human immunodeficiency virus (HIV)-affected families, primary care practitioners help ease the pressure on these patients.

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Following the development and dissemination of guidelines, the next crucial steps are adoption and implementation. Once practitioners become familiar with the content of guidelines, they can then consider how to change the ways in which they take care of their patients. This may involve changing systems that are part of the office or clinic in which they practice. Changes may be implemented rapidly, especially when clear outcomes have been demonstrated to result from the new practice such as prescribing new medication regimens. In other cases, such as

diagnostic screening, or oral health delivery, however, barriers emerge which prevent effective implementation. Strategies to promote implementation, such as through quality of care monitoring or dissemination of best practices, are listed and illustrated in the companion document to the original guideline (HIV clinical practice guidelines, New York State Department of Health; 2003), which portrays New York's HIV Guidelines Program. The general implementation strategy is outlined below.

- Statement of purpose and goal to encourage adoption and implementation of guidelines into clinical practice by target audience.
- Define target audience (providers, consumers, support service providers).
    - Are there groups within this audience that need to be identified and approached with different strategies (e.g., HIV Specialists, family practitioners, minority providers, professional groups, rural-based providers)?
- Define implementation methods.
    - What are the best methods to reach these specific groups (e.g., performance measurement consumer materials, media, conferences)?
- Determine appropriate implementation processes.
    - What steps need to be taken to make these activities happen?
    - What necessary processes are internal to the organization (e.g., coordination with colleagues, monitoring of activities)?
    - What necessary processes are external to the organization (e.g., meetings with external groups, conferences)?
    - Are there opinion leaders that can be identified from the target audience that can champion the topic and influence opinion?
- Monitor progress.
    - What is the flow of activities associated with the implementation process and which can be tracked to monitor the process?
- Evaluate.
    - Did the processes and strategies work? Were the guidelines implemented?
    - What could be improved in future endeavors?

IMPLEMENTATION TOOLS

Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Family issues for patients with HIV/AIDS. In: Mental health care for people with HIV infection: HIV clinical guidelines for the primary care practitioner. New York (NY): New York State Department of Health; 2001 Mar. p. 25-34.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2001 Mar

GUIDELINE DEVELOPER(S)

New York State Department of Health - State/Local Government Agency [U.S.]

SOURCE(S) OF FUNDING

New York State Department of Health

GUIDELINE COMMITTEE

Mental Health Guidelines Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- HIV clinical practice guidelines. New York (NY): New York State Department of Health; 2003. 36 p. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

- Appendix I: interactions between HIV-related medications and psychotropic medications: indications and contraindications. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix II: HIV-related causes of psychiatric symptoms: differential diagnosis. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix III: rating scales. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix IV: mental health care resources in New York State. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix V: syringe access resources in New York State. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.
- Appendix VI: permanency planning and transitional services. New York (NY): New York State Department of Health; 2001 Mar. Electronic copies: Available from the New York State Department of Health AIDS Institute Web site.

Print copies: Available from Office of the Medical Director, AIDS Institute, New York State Department of Health, 5 Penn Plaza, New York, NY 10001; Telephone: (212) 268-6108

PATIENT RESOURCES

None available

NGC STATUS

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